

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

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	OMB APP	ROVAL
4	OMB Number:	3235-0076
		May 31, 2005
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	nt and name has changed, and indicate change.)	
HBN,Inc. Exercised Advisor Warrant Shares		
Filing Under (Check box(es) that apply):	504 Rule 505 Rule 506 Section 4(6)	☑ ULOE
Type of Filing:		
	A DAGGO AND DAGGO AND A DAGGO	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment a	and name has changed, and indicate change.)	
HBN, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
711 Country Club Rd., Eugene, OR 97401		541-681-9199
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		<u> </u>
Software Development		
		DDACEGED
Type of Business Organization		The state of the s
✓ corporation	partnership, already formed other (please specify):
business trust limited	partnership, to be formed	APR 1 1 2005
	Month Year	mated THOMSUN ()
Actual or Estimated Date of Incorporation or Organiz		man 1 0 1 0 1 0 1
Jurisdiction of Incorporation or Organization: (Enter		
CN:	for Canada; FN for other foreign jurisdiction)	C R

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC IDE	NTI	FICATION DATA				
2. Enter the information rec	quested for the fol	lowing	j.		- <u>- </u>				
 Each promoter of the 	ne issuer, if the iss	uer ha	s been organized w	ithin t	the past five years;				
 Each beneficial owr 	er having the pow	er to ve	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executive offi	cer and director o	f corpo	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
• Each general and m	anaging partner o	f partn	ership issuers.						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	V	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if Kevin O. Corson	individual)	<u>.</u>						•	
Business or Residence Address 90332 Shore Lane, Euge		Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Frank Merklein									
Business or Residence Addres			City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, it Thomas Costabile	individual)							···	
Business or Residence Address	s (Number and	Street,	, City, State, Zip Co	de)					
158 Brownstone Ct., Old 7	appan, NJ 076	75		_					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, it Kenneth Hatley	individual)								
Business or Residence Address 486 West Osceola Str., C	,		, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, it Victor LoBasso	individual)					_			
Business or Residence Addres 78 Barkers Point Road, S			•	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, in Bradley Stewart	findividual)								
Business or Residence Address 9408 Scenic Bluff Drive,	*		, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it Raymond Palmarini	f individual)	· · · · · ·							
Business or Residence Address 180 Harbor Drive, Suite 2			, City, State, Zip Co 965	ode)			*		
	(Use bla	nk she	et, or copy and use	addit	ional copies of this s	heet,	as necessary	·)	

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th			ll, to non-a				•		Yes 🔀	No
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?		••••••	•••••	\$_250	0.00
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?						Yes ₽	No
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remuner ted is an ass ime of the br you may se	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec with the S ed are asso	curities in the EC and/or	he offering. with a state		
Fu	ll Name (1	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	Lip Code)						
Na	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••	•••••			••••••	••••••	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (l	Last name	first, if indi	vidual)								H	
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or Dea	aler								·	
Sta			Listed Has										
	(Check	"All States	or check	individual	States)	.,,,,,		***************************************	••••••	•••••	, <u>.</u>	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						
Na	me of Ass	sociated Bi	oker or Dea	aler									
Sta	ites in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)		.,,,,	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Al	1 States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	\$_250,000.00	\$_5,000.00
	Convertible Securities (including warrants)	\$	_ \$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$_250,000.00	\$_5,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	13	\$ <u>207,070.00</u>
	Non-accredited Investors	11	\$_42,930.00
	Total (for filings under Rule 504 only)	24	\$ 250,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Preferred	\$_1,048,356.00
	Regulation A		\$_0.00
	Rule 504		\$_0.00
	Total		\$_1,048,356.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_5,000.00
	Accounting Fees		\$_3,000.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		\$_0.00
	Total		\$ 8,000.00

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."	— Question 4.a. This difference is the "adj	usted gross	\$242,000.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish an est of the payments listed must equal the adju	timate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		- -	
	Purchase, rental or leasing and installation of m		, Ψ	_ LJ \$
	and equipment		\$	\$
	Construction or leasing of plant buildings and t		_	
	Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	□ \$	
	Repayment of indebtedness			
	Working capital			_
	Other (specify):			
			[] \$	_ 🗆 \$
	Column Totals		<u>\$</u> 0.00	\$242,000.00
	Total Payments Listed (column totals added)		\$_2	242,000.00
Г		D. FEDERAL SIGNATURE		
sig	sissuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchan	ge Commission, upon writ	
Iss	uer (Print or Type)	Signature /	Date	
	SN, Inc.	Jer Morsch	03-	29-05
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	in O. Corson	President		

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)